2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13636

1. Entity Name

SANDRIDGE ESTATES, SUNRISE MEADOWS, AND LAUREL ACRES HOMEOWNERS' ASSOCIATION, INC



FILED Apr 11, 2008 8:00 am Secretary of State

04-11-2008 90028 012 ****61.25

	ACRES HOMEOWNERS'	1	LIES .							
Principal Place of Business 238 QUAIL RUN FROSTPROOF, FL 33843		Mailing Address 238 QUAIL RUN FROSTPROOF, FL 33843			300	, 				
Principal Place of Business - No P.O. Box # 3, Mailing Address										
z. micipar	Tace of Bosiness - No F.O. Box #	3. Making Address			1 HEWINDI BAN	ISANGA SEBAT BIJAN ILIBN U	DHA MAMAH MAMPA MA	MII DIRH OLBH BH	DHE OF IDEA	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			03092008	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number 59-2892				pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		\$8.75 Ad Fee Require		
	6. Name and Address of Current			7. Name and	Address of New	Registered	Agent			
PATRICIA	STALLONS	Name	Name							
238 QUAIL RUN FROSTPROOF, FL 33843			Street A	Street Address (P.O. Box Number is Not Acceptable)						
										
			City		** <u> </u>		FL	Zip Cod	le	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Patricia Stallons 3-11-08 Signature, typed or presed name of regustered agent and title of applicable. (NOTE: Registered Agent signature required when reinstatung) DATE										
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2008 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								•		
	Due by May 1, 2008	Trust Fund Co	ntribution.	<u>.</u> Д		, ,				
10.	Due by May 1, 2008 OFFICERS AND D		ntribution.	AD AD	dded to Fees	, ,	orida Depa	rtment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Patur	Dewa-	Patricia	Stallons	3-11-08
	SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR			Dute	Daytime Phone #

D Maria Chaidez 75 Laurel Lane Frostproof, Fl 33843

D James Mhenotta 270 Quail Run Frostproof, Fl 33843

D Evelio Alonso 212 Quail Run Frostproof Fl 33843

D Russ Gramling 6 Ridge Road Frostproof, Fl 33843

3-H-08

ATTACHMENT

Patien Stallons